

UN-CONFIRMED MINUTES of a Public meeting of the Board of Directors held at 09:00 on Thursday 4th November 2021 via video conference

Present:	Claire Ward	Chair	CW
	Manjeet Gill	Non-Executive Director	MG
	Graham Ward	Non-Executive Director	GW
	Barbara Brady	Non-Executive Director	BB
	Neal Gossage	Non-Executive Director	NG
	Andy Haynes	Specialist Advisor to the Board	AH
	Paul Robinson	Chief Executive	PR
	Richard Mills	Chief Financial Officer	RM
	Shirley Higginbotham	Director of Corporate Affairs	SH
	Julie Hogg	Chief Nurse	JH
	David Selwyn	Medical Director	DS
	Emma Challans	Director of Culture and Improvement	EC
	Clare Teeney	Director of People	CT
	Simon Barton	Chief Operating Officer	SB
Marcus Duffield	Head of Communications	MD	
In Attendance:	Sue Bradshaw	Minutes	
	Esther Smith	Minutes	
	Danny Hudson	Producer for MS Teams Public Broadcast	DH
	Becky Cassidy	Deputy Director of Corporate Affairs	BC
	John Tansley	Clinical Director for Patient Safety and Chair of Learning from Deaths Group	JT
	Amy Southam	Therapy Lead Neurological Outpatients	AS
	Fran Platts	Therapy Operational Manager for Community Services	FP
Observers:	Sue Cordon	Grant Thornton	
	Tabetha Darmon	Deputy Chief Nurse	
	Sue Holmes	Public Governor	
	Ian Holden	Public Governor	
	Jenny Norman	Communications Specialist	
	Raj Purewal		
Apologies:	None		

The meeting was held via video conference. All participants confirmed they were able to hear each other and were present throughout the meeting, except where indicated.

Item No.	Item	Action	Date
18/187	WELCOME		
1 min	<p>The meeting being quorate, CW declared the meeting open at 09:00 and confirmed that the meeting had been convened in accordance with the Trust's Constitution and Standing Orders.</p> <p>Noting that due to the circumstances regarding Covid-19 and social distancing compliance, the meeting was held, via video conferencing and was streamed live. This ensured the public were able to access the meeting. The agenda and reports were available on the Trust Website and the public were able to submit questions via the live Q&A function. All participants confirmed they were able to hear each other.</p>		
18/188	DECLARATIONS OF INTEREST		
1 min	There were no declarations of interest pertaining to any items on the agenda		
18/189	APOLOGIES FOR ABSENCE		
1 min	There were no apologies for absence.		
18/190	MINUTES OF THE PREVIOUS MEETING		
1 min	Following a review of the minutes of the Board of Directors meeting held on 7 th October 2021, the Board of Directors APPROVED the minutes as a true and accurate record.		
18/191	MATTERS ARISING/ACTION LOG		
1 min	The Board of Directors AGREED that actions 18/087, 18/089, 18/128.1 and 18/162 were complete and could be removed from the action tracker.		
18/192	CHAIR'S REPORT		
2 mins	<p>CW presented the report, which provided an update regarding some of the most noteworthy events and items over the past month from the Chair's perspective, highlighting fundraising activity by the Trust's volunteers and the launch of new diagnostic facilities in October 2021.</p> <p>The Board of Directors were ASSURED by the report.</p>		
18/193	CHIEF EXECUTIVE'S REPORT		
2 mins	<p>PR presented the report, highlighting the Staff Excellence Awards and the appointment of Andrew Marshall as Deputy Medical Director. PR advised Robert Jenrick, MP for Newark, visited Newark Hospital on 29th October 2021, noting this was a positive meeting.</p> <p>The number of Covid positive inpatients has increased over the last month, stabilising at circa 50 patients over the last 3 weeks.</p>		

<p>18 mins</p>	<p>Flu vaccinations continue to be offered to colleagues, with 60% of front line colleagues having received the vaccine to date.</p> <p>The Board of Directors were ASSURED by the report</p> <p><u>COVID-19 Vaccination Update</u></p> <p>CT presented the report, advising to date over 140,000 vaccines have been administered through the hospital hub. The number of mass vaccination centres in Nottinghamshire has reduced to two. Over 95% of colleagues have received their Covid vaccination, with 53% of colleagues having received their booster vaccination. The hospital hub has provided support to the school's immunisation programme.</p> <p>BB noted some staff remain unvaccinated and queried if work is ongoing to encourage uptake. CT advised the Trust continues to work with colleagues and local citizens to encourage uptake of the vaccine, noting offering a walk-in service has increased uptake. Uptake in Nottinghamshire for Trust colleagues and health sector staff is higher than other regions.</p> <p>BB noted 53% of staff have received their booster vaccine but queried if uptake of the booster could be shown in a different way, noting some staff will not yet be eligible for the booster. CT advised there had been initial problems with the reporting system. Uptake of the booster will continue to rise as staff become eligible. There has been a good response in terms of uptake of the booster, without the need for promotion.</p> <p>AH queried if the Trust is carrying a risk of agency and bank staff being unvaccinated. AH referenced reports in the media of vaccinations being made mandatory for NHS staff from April 2022 and queried the implications of this for the Trust. CT advised the Trust has ensured the vaccine has been offered to regular bank and agency staff and uptake has been good, posing no greater risk than the small number of substantive staff who have not yet had the vaccine. In terms of the publicity in relation to the vaccine being mandated for NHS staff in the same way as for care home staff, the Trust is awaiting information from NHS Employers. Once the details are known, the Trust will assess the impact and plan accordingly. There are small numbers of staff outstanding in Nottinghamshire compared to other regions.</p> <p>GW queried if there is an opportunity to provide the flu vaccination and Covid booster vaccination to staff at the same time. CT advised a combined delivery programme was not planned as initially there was a query in relation to the requirement for a gap between the vaccinations. It is now known this is not required. In addition there was a concern about vaccine supply delaying the programme if it was run as a joint programme. Feedback from the hospital hub is to keep the programmes separate from a safety perspective as both colleagues and local citizens are receiving their Covid vaccinations through the hub. However, the approach taken will be kept under review.</p>		
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	<p>NG noted the report states 5,020 substantive colleagues have had the Covid vaccine. However, the denominator for the booster is 5,130. NG queried the reason for this difference. NG felt it would be useful for future reports to show uptake of the booster by staff who are eligible and those not yet eligible. CT advised the variability in the figures is a timing issue with the data and this will be aligned going forward. Reporting of the booster vaccine by eligibility was not possible initially due to an issue with the data. This is now resolved.</p> <p>Action</p> <ul style="list-style-type: none"> • Number of staff to be correctly aligned in future Covid vaccination reports • Future Covid vaccination reports to show uptake of booster vaccine by eligibility <p>DS advised there will be a small number of colleagues requiring a third dose as opposed to a booster, due to being immunocompromised and this will be difficult to extract from the data provided. It has been arranged for the vaccine bus to visit Street Health clinics to provide a Covid and flu vaccination service.</p> <p>CW queried if a change in attitude to the booster has been witnessed, for example, from those who have already had Covid so believe they are immune or doubt the effectiveness of the vaccine if they have caught Covid despite having both doses. CT advised anecdotally this has not been highlighted. DS advised there is no evidence to support this. Some patients have been admitted with Covid who have been triple vaccinated.</p> <p>The Board of Directors were ASSURED by the report</p>	<p>CT</p> <p>CT</p>	<p>02/12/21</p> <p>02/12/21</p>
<p>18/194</p>	<p>STRATEGIC PRIORITY 1 – TO PROVIDE OUTSTANDING CARE</p>		
<p>7 mins</p>	<p><u>Maternity Update</u></p> <p><i>Safety Champions update</i></p> <p>JH presented the report, highlighting the Saving Babies Lives Care Bundle, the NHS Resolution (NHSR) Year 4 Plan, Board Safety Champions walkarounds, maternity forums and the Ockenden initial submission. JH advised the Continuity of Carer guidance has been revised and a detailed plan will be presented to the Board of Directors in January 2022 for approval.</p> <p>Action</p> <ul style="list-style-type: none"> • Continuity of Carer plan to be approved by the Board of Directors in January 2022 	<p>JH</p>	<p>06/01/22</p>

<p>10 mins</p>	<p>BB queried the progress of recruitment to the Community Midwifery Service. JH advised recruitment is stronger for acute maternity roles, with 12 new starters. Progress in relation to recruiting to community roles is slower. However, there are two people in the pipeline and an advert has just closed. It is difficult to recruit to Continuity of Carer teams. The Trust is looking at rotating midwives through acute maternity into community services.</p> <p>BB queried if this poses a risk to the Continuity of Carer plan. JH advised it is a risk. However, the new document acknowledges development of teams relies on having safe staffing levels in the community and there is no expectation to progress until the Trust is confident safe staffing is in place. There are a number of midwives on the Preceptorship Programme who could join community teams with support. As this becomes embedded, the community service will be strengthened and home births overnight will be able to restart in the New Year.</p> <p>The Board of Directors were ASSURED by the report</p> <p><i>Maternity Perinatal Quality Surveillance</i></p> <p>JH presented the report, highlighting the Friends and Family Test (FFT) and training in relation to core competencies.</p> <p>The Board of Directors were ASSURED by the report</p> <p><u>Learning from Deaths</u></p> <p>JT joined the meeting</p> <p>DS presented the report, highlighting the high level learning from incidents involving the avoidable death of a patient and the plans going forward. DS advised the impact of Covid is now shown in the data and there is work ongoing in relation to nosocomial Covid infections. HSMR has normalised.</p> <p>AH felt the focus on the quality of the reviews is critical. AH noted a local non-NHS, non-CCG funded detox facility appears to be resulting in a significant number of patients presenting to the Trust with advanced liver disease and sought clarification regarding the impact of this. DS advised the Trust is seeing a number of attends and work is ongoing to understand the exact impact and the number of attends. Neither the CCG nor Public Health England (PHE) were sighted to this facility.</p> <p>AH felt there is a need to avoid issues being created for the Trust's own population. Learning disabilities is another area where external patients have been brought into the catchment area and caused pressures. AH requested an update in relation to how learning disability deaths are reported as there has been a focus on this previously.</p> <p>DS advised an HSMR update will be presented to Quality Committee on 8th November 2021 which will address some of these issues.</p>		
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18/195	STRATEGIC PRIORITY 3 – TO MAXIMISE THE POTENTIAL OF OUR WORKFORCE		
19 mins	<p>Nursing, Midwifery and Allied Health Professions (AHP) Staffing 6 monthly report</p> <p>JH presented the report, highlighting the vacancy rate, sickness absence rate, maternity leave, international recruitment and issues recruiting AHPs. Care hours per patient day and costs per care hour remain stable. Since March 2021, there were 336 staffing incidents, all of which resulted in low or no harm. The Trust has good compliance with workforce safeguards.</p> <p>NG noted the vacancy rate has increased from 2.4% to 11.76%, which represents a 30% increase, equating to over 100 people. NG queried if this is correct. JH advised as part of the establishment reviews, the establishment increased by 30 vacancies, not 100. NG felt it would be helpful to state the numbers of people, rather than percentage point increases.</p> <p>Action</p> <ul style="list-style-type: none"> • Vacancy rate to be quoted as the number of people, rather than percentage point increases in future Nursing, Midwifery and Allied Health Professions (AHP) Staffing reports <p>NG noted the increased agency spend in September 2021 and sought clarification how safe staffing can be maintained if a point is reached where the Trust is unable to secure agency nurses.</p>	JH	05/05/22

	<p>JH advised there is a strong pipeline of nurses coming into the organisation through October and November and the Winter Plan has been staffed. The opening of the Respiratory Support Unit will reduce the requirement for critical care nurses. The reliance on agency nurses will not increase dramatically. The Trust is doing everything possible to bring nurses into the organisation and there are clear processes to follow if there are concerns. Plans are in place to staff the Winter Plan and maintain safe staffing in all areas.</p> <p>DS advised agency staffing is reviewed robustly by the Executive Team. Thornbury staffing has been used to support the Critical Care Unit.</p> <p>RM advised the underlying agency run rate is reported to the Finance Committee and this has been relatively stable since November 2020. SB advised the Trust will keep the sickest patients safe and cared for by the right staffing levels. A priority approach has been taken in relation to the next 5-6 months. The Trust will ensure colleagues are in the right areas to meet the priorities.</p> <p>BB felt the report could be improved if medical workforce was included as this would provide a holistic view. DS advised this can be looked into.</p> <p>Action</p> <ul style="list-style-type: none"> • Consider including medical workforce in future Nursing, Midwifery and Allied Health Professions (AHP) Staffing 6 monthly reports <p>AH noted there is a short term issue in relation to dietetics and felt it would be useful for further assurance to be provided to the People, Culture and Improvement Committee. JH advised the plan for AHPs has been through the Nursing, Midwifery and AHP Committee, but this can also be reported to the People, Culture and Improvement Committee. JH advised at the time the report was written there were 160 Band 5 vacancies, this has now reduced to 119. Therefore, good progress is being made.</p> <p>Action</p> <ul style="list-style-type: none"> • Plan to reduce AHP vacancies to be reported to People, Culture and Improvement Committee <p>CW noted dieticians have raised concerns relating to the level of nutritional care they are currently providing to inpatients and queried if there is a 'read across' between the Quality Committee and the People, Culture and Improvement Committee. JH advised this was raised as a risk by Diagnostics and Outpatients Division at their Divisional Performance Review meeting on 29th October 2021. This will be reported through the Patient Safety Committee.</p> <p>The Board of Directors were ASSURED by the report</p>	<p>DS / JH</p> <p>JH</p>	<p>05/05/22</p> <p>02/12/21</p>
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18/196	PATIENT STORY – TONY’S STORY		
13 mins	<p>AS and FP joined the meeting</p> <p>AS and FP presented the Patient Story which highlighted the work of the Stroke Team and Neurological Outpatients. The story highlighted the additional support which could have helped the patient.</p> <p>CW felt it was a very powerful story about how the Trust can improve patients’ lives. JH advised the impact the patient’s experience has had on both the patient and the staff involved in his care is clear. The Trust is working with the CCG to try to establish a rehabilitation service.</p> <p>DS advised he has previously hosted system-wide meetings to ensure equity of rehabilitation provision across the patch. This is something which needs to be urgently addressed.</p> <p>AS and FP left the meeting</p>		
18/197	H2 CAPACITY PLAN / WINTER PLAN		
42 mins	<p>SB presented the report, advising this is a very complex plan. The overarching priority of the plan is to ensure there is a culture within the organisation which supports colleagues. SB advised he has worked with the clinical chairs to identify the three priorities outlined in the report, these being, to decompress critical care to mitigate the risk of service interruption and support the wellbeing of colleagues currently working within that service, meet non-elective demand in a timely way to suppress ED crowding and support safe ambulance turnaround, whilst continuing to treat cancer/priority 2 patients and the treatment of priority 3 and 4 patients. SB outlined the steps being taken to address each of the priorities and highlighted the effect of the actions being taken on capacity.</p> <p>SB advised the planning guidance indicates 0% growth in demand. However, the Trust has planned for 4% growth within the plan. It was noted this figure is marginally lower than has been planned for in previous Winters. SB highlighted the risks to delivery of the plan and outlined what success of the plan will ‘look like’. There are three potential new services outlined in the report, which will go through the quality assurance and approval process.</p> <p>MG noted there are some significant collateral impacts associated with the creation of the Respiratory Support Unit (RSU), particularly the displacement of short stay surgery from the current location and the closure of Ward 43 to allow colleagues from that unit to work on the RSU, and sought further information regarding the impact in terms of patient safety.</p> <p>SB advised the creation of the RSU improves patient safety as it reduces demand on critical care. Short stay surgery will move into the towers. The location is appropriate and will not impact on patient safety. However, efficiency will be reduced as the journey from the towers to theatres is further than from the unit’s current location.</p>		

	<p>The closure of Ward 43 is necessary due to the staffing ratios. The respiratory team will come off the general medical rotas but there is a good plan in place to cover this.</p> <p>DS advised the development of the RSU is a national initiative which the Trust is keen to progress. The temporary RSU is being created to support critical care this Winter, but it is a service change which will run on for the future. There are concerns about surgical capacity and there are consequences in terms of medical staffing and job plans. The aim is to spread the load evenly across all services within the organisation.</p> <p>NG felt there are two overarching priorities, one to ensure the wellbeing of staff and the other to ensure there is capacity to meet demand. NG queried what the contingency is if these priorities come into conflict and the surge position is not sustainable.</p> <p>SB advised only the bed capacity has been modelled within the 4% growth in demand and this may be less than 4%. The medically safe for discharge aspects could also see a better outcome than is forecast. Capacity relates to priorities. If a position is reached where the capacity cannot be delivered, there will be a need to look at other areas within the hospital which are a lower priority to ensure the sickest patients are prioritised. The Trust is developing a full capacity protocol which will be clinically led. There is a need to remain vigilant in terms of staff wellbeing.</p> <p>GW noted there will be costs associated with the creation of the RSU and queried if these are in the plan. In terms of a longer term solution, GW queried if this would be in the same location and if a business case is required to progress this. SB confirmed costings for the RSU are in the plan and it is hoped some external support will be available with these costs. The long term location for the RSU requires estates works and, therefore, will require a business case to progress. RM advised the Trust has submitted a bid against the Targeted Investment Fund to assist with the cost of creating the RSU.</p> <p>AH queried how sensitive the modelling is to length of stay, noting patients who are medically fit for discharge is an area of concern. AH queried if there is contingency planning at a system level. SB advised there is a system plan which is not yet finalised. A lot of the plan relates to bedded care rather than home care. The Trust has been able to work with new home care providers and is partnering with social care to commission home care provision within this plan. A lot of the plan across the Integrated Care System (ICS) relates to interim care and bedded care but there will be an increase in home care when the plan is finalised. However, some of the capacity will be in the south of the county rather than mid-Nottinghamshire. There is a need to continue support across the system to ensure there are no inequities.</p> <p>JH advised this plan enables nurses who have been supporting critical care to return to their substantive roles and enables the rehabilitation teams to return to a rehabilitation environment rather than an acute environment. Ward 43 is the ward which is able to care for level 2 respiratory patients. In the first wave of Covid, over 120 nurses and therapists were redeployed.</p>		
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	<p>DS advised the strength of the plan is it is clinically led. The Executive Team listens to what is happening in critical care. There is a need to undertake some refurbishment work in critical care and the long term solution will be a new critical care unit with capacity matched to demand.</p> <p>PR felt this is a realistic and deliverable plan for H2, noting it is not without risk and will require a system response to enable timely discharges. Chief Executive Officers at a system level are trying to take a more proactive approach.</p> <p>The Board of Directors APPROVED the H2 Capacity Plan</p>		
<p>18/198</p>	<p>SINGLE OVERSIGHT FRAMEWORK (SOF) QUARTERLY PERFORMANCE REPORT</p>		
<p>35 mins</p>	<p>PEOPLE AND CULTURE</p> <p>EC highlighted the national staff survey, engagement with colleagues, wellbeing campaign, work with the psychology team in response to incidents, encouraging feedback from colleagues and support from a quality improvement perspective.</p> <p>MG queried if there are any particular areas where more work is required to maintain staff morale and engagement, considering the pressures faced by colleagues, and if anything specific is required from the Board of Directors to demonstrate leadership and support for the pressures faced by the workforce. EC advised support has been provided after listening to colleagues and getting their feedback across critical care. It is important to listen to teams, learn what can be done to help and respond in a timely manner.</p> <p>DS advised colleagues are enthusiastic and have confidence, but they are exhausted, with some people effectively having symptoms of post traumatic stress as they have been dealing with increased pressures for nearly two years. They want a 'normal' job and workload and their homelife back, with the ability to take breaks to care for themselves.</p> <p>JH advised good mechanisms are in place to pick up any 'hotspots', with critical care and the Urgent Care Centre (UCC) at Newark Hospital requesting support, which the Trust is putting in place. There are good mechanisms for Freedom to Speak-Up (FTSU) and regular executive and non-executive walkarounds. The Trust has been able to take advantage of a number of national schemes.</p> <p>EC advised, in terms of what actions can be taken by the Board of Directors, it is important to continue to support investment and the approach the organisation is taking to support colleagues from a wellbeing and welfare perspective. It is also important to recognise the demands colleagues are under and demonstrate that recognition.</p> <p>CT highlighted workforce capacity and the impact of sickness absence, Covid and Covid precautions on this, Occupational Health Service usage and the impact on colleagues' wellbeing of not being able to deliver services in the same way.</p>		

	<p>QUALITY CARE</p> <p>JH highlighted falls, Clostridium difficile (C.diff) and dementia assessments.</p> <p>BB queried if the review of C.diff in November will look at community cases. JH advised there is a system C.diff meeting which the regional team are supporting. When the review is complete, the outcome will be reported to the Quality Committee.</p> <p>Action</p> <ul style="list-style-type: none"> • Outcome of C.diff review to be reported to the Quality Committee <p>DS highlighted never events and cardiac arrest rate. A deep dive looking at cardiac arrest rates will be undertaken and reported to the Quality Committee.</p> <p>Action</p> <ul style="list-style-type: none"> • Deep dive looking at cardiac arrest rates to be undertaken and reported to the Quality Committee <p>TIMELY CARE</p> <p>SB advised the ED 4 hour wait deteriorated in September to 83%, ranking SFHFT twelfth in the NHS. The mean time in the department for patients who were admitted increased by 30 minutes and the mean time for patients who were not admitted increased by 16 minutes. There were 10 patients who waited over 12 hours from the decision to admit. Ambulance turnaround times remain very good. There has been an increase in the number of patients who are medically safe for discharge. The increased ED capacity is now open and paediatric ED has re-opened in its original location.</p> <p>SB advised, in terms of cancer care, the re-forecast trajectory has been achieved, despite a 20% growth in referrals. The average waiting time from referral to treatment (RTT) is 56 days. A report will be presented to the next meeting of the Patient Safety Committee in relation to how patients in the backlog are kept safe.</p> <p>NG noted more diagnostic capacity has come on stream and queried what impact this will have on the cancer RTT. SB advised it will support the delivery of the re-forecast trajectory and the additional capacity is required to deal with the additional demand. SB advised the Trust is working with NUH in some of the more difficult areas of the cancer pathway, for example, CT colon, and is providing a reciprocal arrangement for benign MRI scans which NUH require.</p> <p>SB advised activity is 99% of 2019/2020 activity</p>	<p>JH</p> <p>DS</p>	<p>03/02/22</p> <p>03/02/22</p>
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	<p>BEST VALUE CARE</p> <p>RM outlined the Trust's financial position at the end of Month 6.</p> <p>EC provided an update on the Trust's Financial Improvement Programme (FIP) at the end of Month 6.</p> <p>The Board of Directors CONSIDERED the report.</p>		
18/199	BOARD ASSURANCE FRAMEWORK (BAF)		
7 mins	<p>PR presented the report advising all the principal risks have been discussed by the relevant sub committees. The changes and amendments which have been made are highlighted in the report. PR advised PR1, Significant deterioration in standards of safety and care, PR2, Demand that overwhelms capacity, and PR3, Critical shortage of workforce capacity and capability, are significant risks and PR1 remains above its tolerable risk rating.</p> <p>The Board of Directors REVIEWED and APPROVED the Board Assurance Framework</p>		
18/200	APPLICATION OF THE TRUST SEAL		
1 mins	<p>SH presented the report, advising in accordance with Standing Order 10 and the Scheme of Delegation, which delegates authority for application of the Trust Seal to the directors, the Trust Seal was applied to the following document:</p> <ul style="list-style-type: none"> Seal number 97 was affixed to a document on 19th October 2021 for Central Nottinghamshire Hospital PLC. The document was the Standstill Agreement in relation to a Project Agreement Dated 4th November 2005 (as varied) <p>The Board of Directors APPROVED the Use of the Trust Seal number 97</p>		
18/201	ASSURANCE FROM SUB COMMITTEES		
7 mins	<p>Finance Committee</p> <p>NG presented the report, highlighting H1 performance, H2 planning and the increase in underlying expenditure. Agency costs are increasing and NG queried if there was an opportunity for agency staff to join the Trust as either Bank staff or in substantive roles. JH advised where people do undertake regular agency work for the Trust, they are encouraged to join the Trust as Bank staff.</p> <p>People, Culture & Improvement Committee</p> <p>The report was taken as read due to MG experiencing technical difficulties and losing connection to the meeting.</p>		

	<p>Charitable Funds Committee</p> <p>BB presented the report, highlighting the Annual Accounts for 2020/2021, Audit Report and Letter of Representation and Charitable Funds Policies. It was noted there has been slow progress in developing the Newark One Stop Breast Clinic.</p> <p>PR advised enabling works are due to start on site shortly but this does not provide a final date for when the service will be up and running. This is being followed up.</p> <p>CW queried if there was any update on the End of Life Project. JH advised some ward side rooms will require refurbishment but no approach has yet been made to release any rooms.</p> <p>The Board of Directors were ASSURED by the reports</p>		
18/202	OUTSTANDING SERVICE – RESEARCH TEAM		
7 mins	A short video was played highlighting the work of the Research and Innovation Team in Critical Care.		
18/203	COMMUNICATIONS TO WIDER ORGANISATION		
2 min	<p>The Board of Directors AGREED the following items would be distributed to the wider organisation:</p> <ul style="list-style-type: none"> • H2 / Winter Plan • Staff support mechanisms • Research • Patient Story 		
18/204	ANY OTHER BUSINESS		
	No other business was raised.		
18/205	DATE AND TIME OF NEXT MEETING		
	<p>It was CONFIRMED the next Board of Directors meeting in Public would be held on 2nd December 2021 via video conference at 09:00.</p> <p>There being no further business the Chair declared the meeting closed at 12:20</p>		
18/206	CHAIR DECLARED THE MEETING CLOSED		
	<p>Signed by the Chair as a true record of the meeting, subject to any amendments duly minuted.</p> <p>Claire Ward</p> <p>Chair Date</p>		

18/207	QUESTIONS FROM MEMBERS OF THE PUBLIC PRESENT		
6 mins	<p>Two questions were received.</p> <p>Question 1 Ian Holden, Public Governor for Newark and Sherwood asked, given the growing public complacency about Covid are we publicising the continuing pressure on ICU, etc. and the possibility of having to reduce other provision over the winter sufficiently?</p> <p>SB advised as the H2/Winter Plan has now been approved, this will be communicated publicly. The communications will describe the key responsibilities which the Trust hopes the public will take in relation to Covid and, particularly, vaccinations which will help the Trust deliver safer care this Winter.</p> <p>Question 2 Ian Holden, Public Governor for Newark and Sherwood asked, we have previously noted the negative impact of Covid, etc. on staff access to scheduled training, etc. How far have we been able to recover any of this situation?</p> <p>CT advised the Trust has prioritised training requirements. The essential mandatory training required for colleagues in order to ensure they are clinically safe has remained in place throughout the pandemic. Some of the other mandatory training was derogated, but e-learning provision has been made to get this back on track. The area where access to training has suffered has related to external courses for continued professional development, etc. This was paused by the universities and colleges but has now restarted and colleagues are accessing that provision.</p> <p>JH advised courses which can only be delivered face to face have now recommenced. Universities offering qualifications in specialities for areas such as critical care are also now back on line.</p> <p>DS advised concern remains about the impact Covid has had on medical training, in terms of the ability for the future medical workforce to achieve the competencies they require to progress through medical training. This is highlighted in surgical specialities which relates to trainees' ability to access the operations they need to be signed off with the competencies. The Trust is working with Health Education England to progress this.</p>		
18/208	BOARD OF DIRECTOR'S RESOLUTION		
1 min	<p>EXCLUSION OF MEMBERS OF THE PUBLIC - Resolution to move to a closed session of the meeting</p> <p>In accordance with Section 1 (2) Public Bodies (Admissions to Meetings) Act 1960, members of the Board are invited to resolve:</p> <p>"That representatives of the press and other members of the public be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest."</p>		

	Directors AGREED the Board of Director's Resolution.		
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